

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

John F. Schunhoff, Ph.D.
Chief Deputy Director

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213)240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



www.dhs.lacounty.gov

October 17, 2011

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director



SUBJECT: **ANTICIPATED EFFECT OF AB109 ON LOS ANGELES
COUNTY DEPARTMENT OF HEALTH SERVICES**

At your Board's October 4, 2011 meeting, The Department of Health Services (DHS) was asked for information about the potential impact of AB109, the Public Safety Realignment Act, on our facilities. This report provides further information in response to that request.

DHS expects that the recent implementation of AB109 will lead to an increase in utilization of select types of services across our facilities. The legislation has two primary components: 1) local (vs. state) custody of certain low-level "N3" (non-violent, non-serious, non-sex) offenders and parole violators, and 2) local (vs. state) Post Release Community Supervision (PRCS). The implications of each are discussed below.

Local custody of N3 offenders and parole violators

Under AB109, new N3 offenders will be managed by Los Angeles County rather than the State of California. The majority of these offenders will be incarcerated in County jails; a few will be managed through other local custody and supervision tools. Los Angeles County will also bear responsibility for incarcerating individuals who violate the terms of their parole. Together, Los Angeles County estimates an additional 600-700 individuals per month will require County incarceration (or alternative custody). This added population will affect DHS in two primary ways.

First, LAC+USC Medical Center (LAC+USC) provides care for County inmates requiring acute inpatient hospitalization, diagnostic imaging, and outpatient subspecialty services that are not available in on-site jail medical facilities. With the assumption that the Sheriff's Department will be able to provide the same scope of outpatient medical services to these additional inmates that they provide to their current population, DHS expects that the demand for its services will increase in proportion to the expanded County inmate population. This will impose significant challenges for LAC+USC's jail facilities.

- **Inpatient beds:** The 24-bed inpatient jail ward operates near capacity with occasional overflow of non-monitored patients to non-jail wards. Patients requiring monitored, step-down, or intensive care units are currently bedded in non-jail wards; the demand on these already crowded units will increase.
- **Jail emergency room:** The jail operates a 24/7 emergency room with 7 acute beds and 11 holding beds; some additional volume could be accommodated but likely not enough to meet the needs of the expanded inmate population.
- **Jail clinics:** LAC+USC runs 10-hour clinic sessions Tuesday through Friday. These clinics run at full-capacity, many with several month wait-lists. Jail clinic staff are often challenged by the logistics of appropriately segregating potentially dangerous inmates within the existing space. The additional inmate population will exacerbate these conditions.
- **Services provided outside of the jail-ward setting:** Patients requiring certain types of specialty services (e.g., urology, ophthalmology, OBGYN) or advanced diagnostic imaging (e.g., CT, MRI, ultrasound) are seen outside of the jail settings in traditional sub-specialty clinics or imaging suites. The increase in County inmate population will increase the demand on these services, many of which already have several month wait-lists.

Second, under AB109's split sentencing provision, sentences may be divided between custody and community supervision. Approximately 60-75 N3 offenders per month will begin serving the community-based portion of a split sentence. While a decline in custody days will relieve the burden on inpatient jail wards and subspecialty clinics, the increase in the number of offenders (who prior to AB109 would have been in State prisons) supervised within Los Angeles County will likely increase demand for the full range of DHS services, including primary and subspecialty care, urgent/emergency services, acute hospitalization, and psychiatric emergency and inpatient services.

Local PRCS

Approximately 9000 individuals serving sentences for non-violent, non-serious offenses will be released in FY11-12 under County supervision. Prior to AB109, these offenders would have been either on Non-Revocable Parole (NRP) or on parole supervised by the California Department Corrections and Rehabilitation. Those individuals with documented mental health histories who would previously have been on NRP are now newly required to undergo a behavioral health screening exam at an LA County HUB. At the time of this behavioral health screening exam, a portion of these individuals will require emergency or inpatient psychiatric services and may be referred to one of DHS' Psychiatric Emergency Departments (PED) for inpatient admission. This represents new potential volume for DHS facilities. Those individuals who would previously have been managed under state parole would likely have

been referred to DHS' PEDs for acute psychiatric care if clinically indicated; AB109 is not expected to affect usage of DHS' psychiatric services among this subset of the population. The Department of Mental health estimates that approximately 25% of the total PRCS population will undergo the behavioral health screen, of which approximately 25% will require PED referral for inpatient admission.

Beyond the implications of the requirement for certain offenders to complete required behavioral health screening exams, PRCS will not significantly change the utilization of DHS medical or psychiatric services. Specifically, AB109 does not result in a change in place of residence of post-release offenders, nor does it affect health insurance eligibility. Thus, once individuals are residing within their community, AB109 is not expected to significantly alter their demand for physical or mental health services.

DHS will work, in partnership with the Sheriff's Department, to quantify the expected increased service demand and will put in place mechanisms to track actual volume shifts over time. Once this analysis is complete, DHS will develop a proposal for additional staff and/or resources needed to service populations affected by AB109.

If you have any questions, please contact me or Christina Ghaly, Deputy Director of Strategic Planning, at (213) 240-7787.

MHK:crg

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors